



*Delivering Excellence Every Day*

**DEPARTMENT OF SOLID WASTE MANAGEMENT  
ADDITIONAL GREEN WASTE CART SERVICE REQUEST FORM  
FOR RESIDENTIAL USE ONLY**

*(To be completed by the property owner only)*

Request Date: \_\_\_\_\_

Property Owner \_\_\_\_\_

Property Address: \_\_\_\_\_

Apt # \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Billing Address (if different from property address): \_\_\_\_\_

Apt # \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Daytime Tel: \_\_\_\_\_ Alternate Tel: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

I hereby authorize the Department of Solid Waste Management to deliver \_\_\_\_\_ additional green waste cart/s to the above address and bill me A NON-REFUNDABLE service fee of \$79.50 per cart each fiscal year (subject to annual adjustment). I understand that the service fee will be prorated if service is started after October 1 and cannot be discontinued during the fiscal year once additional cart service has been activated. ***The initial bill will be sent directly to the property owner. Future charges for the annual service fee will appear as part of the property owner's non-ad valorem waste fee assessment on the proposed tax bill (TRIM Notice) and the final Combined Tax Bill.***

Please mark [X] to indicate the cart size requested:

**Green Waste Cart** [ ] 96-Gallon (Standard size) [ ] 64-Gallon [ ] 35-Gallon

\_\_\_\_\_  
Property Owner's Signature

\_\_\_\_\_  
Date

Fax the completed Additional Cart Service Request Form to **305-514-6219** or mail to Department of Solid Waste Management, **2525 NW 62<sup>nd</sup> Street, 5<sup>th</sup> Floor, Miami, Florida 33147**, attention **Public Information & Outreach Division**, or email to [dswm@miamidade.gov](mailto:dswm@miamidade.gov)

*DO NOT send payment at this time. You will be billed for service once the additional cart is delivered.*

**For Public Information & Outreach Division Use Only:**

Serial #: \_\_\_\_\_ Size: \_\_\_\_\_ Date Delivered: \_\_\_\_\_ Initials: \_\_\_\_\_

Serial #: \_\_\_\_\_ Size: \_\_\_\_\_ Date Delivered: \_\_\_\_\_ Initials: \_\_\_\_\_

Serial #: \_\_\_\_\_ Size: \_\_\_\_\_ Date Delivered: \_\_\_\_\_ Initials: \_\_\_\_\_



Closed in WCS

Date: \_\_\_\_\_

Initials: \_\_\_\_\_



Sent To Accounting

Date: \_\_\_\_\_

Initials: \_\_\_\_\_